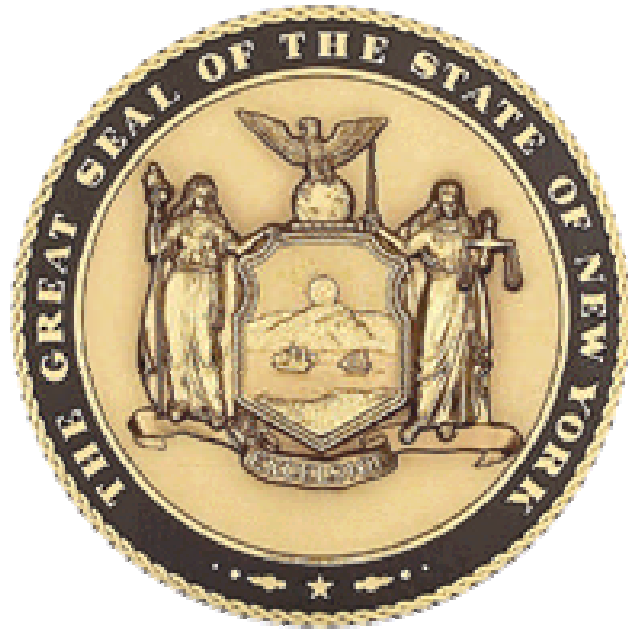


INTERNSHIP APPLICATION



**U.S. SENATOR HILLARY RODHAM
CLINTON**

INTERNSHIPS IN THE OFFICE OF SENATOR CLINTON

Senator Clinton's internship program provides an excellent opportunity for students to learn and serve through first-hand participation in government service, and the legislative process. The program is intended to provide knowledge, tools, skills, and experiences that an intern will readily apply to future challenges and professional pursuits. We expect a great deal from our interns. Candidates will have a diverse, challenging experience and make a genuine contribution to Senator Clinton's work on behalf of New York and the nation.

We welcome all applicants who have demonstrated academic excellence and have displayed a commitment to public service. While preference is given to New York residents, students from all backgrounds are encouraged to apply.

THE APPLICATION PROCESS

Please complete all sections of the application thoroughly. Although providing the information requested is voluntary, failure to provide complete answers may affect the review and consideration of your application.

Your application must include all of the following in order to be considered:

- Internship Application Form (attached)
- Current Resume
- One page statement of intent describing why you want to be an intern in the Office of Senator Clinton
- Writing sample (The topic should relate to your major, personal history, or current events, and be 500 words or less. A paper excerpt with the thesis clearly stated is acceptable).
- Two letters of recommendation (photocopies are fine)
- An unofficial transcript

The application and all requested materials must be submitted together.

In order to prevent or delay the review of your application, you must meet all of the above-mentioned requirements.

Please keep a photocopy of your completed application for your files. Given the volume of incoming applications, we will not be able to return any of the materials we receive.

MAIL TO:

Candidates should submit an application to the office where they wish to intern. Contact information for each of Senator Clinton's offices is shown below:

New York City Office

Attn: Intern Coordinator
Office of Senator Hillary Rodham Clinton
780 Third Avenue, Suite 2601
New York, NY 10017
Tel. (212) 688-6262, Fax (212) 668-7444

Capital District/North Country Office

Attn: Intern Coordinator
Office of Senator Hillary Rodham Clinton
Leo W. O'Brien Federal Office Building
1 Clinton Square, Rm 821
Albany, NY 12207
Tel. (518) 431-0120, Fax (518) 431-0128

Syracuse/Central New York Office

Attn: Intern Coordinator
Office of Senator Hillary Rodham Clinton
100 South Clinton Street, Room 111
PO Box 7378
Syracuse, NY 13261
Tel. (315) 448-0470, Fax (315) 448-0476

Western New York Office

Attn: Intern Coordinator
Office of Senator Hillary Rodham Clinton
Guaranty Building Suite 208, 28 Church Street
Buffalo, NY 14202
Tel. (716) 854-9725, Fax (716) 854-9731

Washington, DC Office

Attn: Intern Coordinator
Office of Senator Hillary Rodham Clinton
U.S. Senate
Washington, DC 20510
Tel. (202) 224-4451, Fax (202) 228-0282

SESSION DATES AND APPLICATION DEADLINES:

Fall Session 2001 (September 3 – December 21), Application Deadline: July 16, 2001

Spring Session 2002 (January 7 – May 17), Application Deadline: October 29, 2001

Summer 2002 (May 20 – August 30), Application Deadline: March 15, 2002

Interns are expected commit to at least 15 hours per week.

Applications must be postmarked by the deadline date for each session. Notification about the status of your application will be mailed to you.

FUNDING

Please note that all internships are unpaid. However, candidates are permitted under Senate rules to apply for and accept financial assistance from appropriate outside sources. Nonetheless, Senate rules require that receiving financial assistance from outside sources does not create a conflict of interest with your Senate work. Please indicate in the space provided on the application if you plan to receive funding from an outside source.

ACADEMIC CREDIT

Awarding academic credit for an internship is at the discretion of your high school, college or university. However, we will assist you in providing appropriate information as requested by your school. Arrangements for accreditation should be made before you begin the internship.

SENATOR HILLARY RODHAM CLINTON -- INTERNSHIP APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Please check the session for which you are applying:

Fall 2001 Session _____
(September 3 – December 21)

Spring 2002 Session _____
(January 7 – May 17)

Summer 2002 Session _____
(May 20 – August 30)

Please indicate if your start/end dates would vary from those listed above.

As best you can, please list on what days and at what times you are available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Note: Interns are expected to make a commitment of at least 15 per week.

PERSONAL INFORMATION

Full Name: _____ Today's Date: _____
Last First Middle Initial

Social Security #: _____ - _____ - _____ Place of Birth: _____
City State

U.S. Citizenship: yes ____ no ____

Current Address:

Permanent Address:

Email: _____

Current Phone: _____

Home Phone: _____

Are you a registered voter? yes ____ no ____ If yes, in what state _____

Prior Campaign/Political/Government Experience: _____

Areas of Interest: _____

How did you hear about Senator Clinton's internship program?

Have you applied to the internship program before? If so, which office/session?

Are you receiving, or do you plan to receive funding (scholarships, grants, etc.) during the course of your internship? If so, from what source? _____

ACADEMIC INFORMATION

College/University/High School: _____

School's Address: _____

Select One: High School Undergraduate Graduate/Law Not presently a student

Year of Graduation: _____ GPA: _____ Major: _____

SECURITY QUESTIONS

Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? yes ____ no ____

Have you ever been charged with or convicted of any criminal offense, DWI or misdemeanor offense? yes ____ no ____

Have you ever used, possessed, supplied or manufactured any illegal drugs? yes ____ no ____

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date